UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B	SEP 0 4 2000					
Period covered: January 1, 2007 - August 1, 2008	For use by candidates and new employees	3 CO SEATING PROGRAMS					
Bran Alaw White (Full Name)	(319) 594 - 1726 (Daytime Telephone)	2008 SEP 10 PM 1: 44 Color of Representatives (Office Use Only)					
Filer Status Candidate for the House of Representatives District: Date Elect New officer or employee Employing Office:		A \$200 penalty shall be assessed against anybody who files more than 30 days late.					
In all sections, please type or print clearly in black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THE	SE QUESTIONS						
Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes No No No No No No No No No N	IV. Did you hold any reportable positions on or to of filing in the current calendar year or in the price of the current calendar year.	pefore the date or two years? Yes No					
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	V. Did you have any reportable agreement or ar with an outside entity? If yes, complete and attach Schedule V.	rangement Yes No No					
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	VI. Did you receive compensation of more than a single source in the two prior years? If yes, complete and attach Schedule VI.	\$5,000 from					
Each question in this part must be answered and the	appropriate schedule attached for	each "Yes" response.					
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFOI	RMATION — ANSWER EACH O	OF THESE QUESTIONS					
TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Staneed not be disclosed. Have you excluded from this report details of such a trust benefing 8.)	andards of Official Conduct and certain other "efiting you, your spouse, or a dependent child?	excepted trusts" (See Instructions, Yes No No					
EXEMPTION —Have you excluded from this report any other assets, "unearned" incorbecause they meet all three tests for exemption?	me, transactions, or liabilities of a spouse or de	pendent child Yes No No					

SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

Name Brian Alan White

Page 2 of 6

List the source, type and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. **Source** (include date of receipt for honoraria) **Type Current Year to Filing Preceding Year** XYZ Corporation, Houston, Texas Salary \$28,450 \$6,300 First Bank & Trust, Houston, Texas Director's Fee \$3.200 \$400 Examples: XYZ Trade Association, Chicago, IL. (Rec'd December 2) Honorarium \$1.000 Harris County, Texas Public Schools Spouse Salary NA University of Lowa Hospitals and Clinics
University of Lowa College of Public Health
AK Photography \$49,500.00 \$71,500.00 \$ 7,000

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the

BLOCK B

Value of Asset

Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets *including all IRAs*, indicate the type of income by checking the appropriate box below. **Dividends and interest**, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.

BLOCK D

Type of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, *Including all IRAs*, indicate the category of income by checking the appropriate box below. **Dividends and interest, even if reinvested, should be listed as income.** Check "None" if no income was received.

and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed,	Α	CALE	l G	1	ıκ				Income)		Cı	ırrent	Year				Prec	edi	ng Ye	ear	
name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.					0				ship Income or Farm		IV.	VI	VIII	X			II	V	VII	IX.	ΧI
Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.		-\$15,000 \$10,000	11 – \$500,000	001 – \$5,000,000	,001 – \$50,000,000			CAPITAL GAINS	Type of Income y: For Example, Partner	\$200	- \$2 500	- \$15,000	\$50,001 - \$100,000	001 – \$5,000,000			91,000	\$2,501 – \$5,000	- \$50,000)1 - \$1,000,000	Over \$5,000,000
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	None	\$1,001 - \$1,001 \$50.001	\$250,001	\$1,000,001	\$25,000,001	NONE	RENT	CAPITA	Other Type (Specify: For	\$1 – \$2	\$1.001		\$50,00	\$1,000,001	None	\$204		\$2,501	\$15,001	\$100,001	Over \$
SP Mega Corp. Stock		X				X		I			X					- 2			ļ l		
DC, Examples: Simon & Schuster 1st Bank of Paducah, KY accounts	 	Indefinite					X		 Royalties									X X	ļ 		
	S S S S S S S S S S S S S S S S S S S					X									X						
TIAA CLSF Mid-west One Bank		X				X									X						

SCHEDULE II—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Brian Alan White

Page 4 of 6

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	BLOCK A	BLOCK B	BLOCK C	BLOC	CK D
	Asset and/or Income Source	Value of Asset	Type of Income	Amount o	of Income
SP,		A C E E G I K		Current Year	Preceding Year
JT,		000		II IV IV VI VIII X	I III V VII IX XI
DC		,000 00,000 500,000 500,000 55,000,000	оше	0,000	0000
			NONE RENT CAPITAL GAINS CAPITAL GAINS (Specify)	\$1 - \$200 \$1,001 - \$2,500 \$5,001 - \$15,000 \$50,001 - \$100,000 \$1,000,001 - \$5,000,000	None \$201 – \$1,000 \$2,501 – \$5,000 \$15,001 – \$50,000 \$100,001 – \$1,000,000
		None \$1,001 – \$15 \$50,001 – \$1 \$250,001 – \$ \$1,000,001 – \$	T T T T T T T T T T T T T T T T T S P E	\$1 - \$200 \$1,001 - \$2,500 \$5,001 - \$15,000 \$50,001 - \$100,00 \$1,000,001 - \$5,0	None \$201 – \$1,000 \$2,501 – \$5,000 \$15,001 – \$50,000 \$100,001 – \$1,000
		\$1,00 \$50,0 \$250,0 \$1,00 \$1,00	RENT CAPITA Other T	\$1 - \$200 \$1,001 - \$ \$5,001 - \$ \$50,001 - \$	\$2,501 \$2,500 \$100,000 \$10
	<u>.</u>				

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SCHEDULE III — LIAI	DII ITICO
C/-BEING	KII
SCHEDULL III — LIAI	

Name Brian Alan White

Page 5 of 6

Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

				 Am	ount o	of Lial	ollity		
SP, DC, JT	Creditor	Type of Liability	\$50,000 O	\$100,001— \$250,000 TI		\$500,001— \$1,000,000,1\$	\$5,000,001— \$25,000,000 —	Over	
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main Street, Dover, Del.	84 94	Х					
	U.S. Department of Education	School Loan	X						
									_
		:							

SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature.

Position	Name of Organization
All Listed o	V Schedule I

Name	Brian	Alan	White
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Page <u>6</u> of 6

SCHEDULE V—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
107, 107, 107, 107		

SCHEDULE VI—COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

	Source (Name and Address)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting services
	All listed on Schedule I	
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